	E OF CAL	IFORNIA		See In	struction:	s and *Pri	vacy State	ement on F	Revei	se Side	ı B	K Trip?	O Yes	○ No
TRAVEL EXPENSE CLAIM Traveler ID Unit Code A GINAL STD. 262 (REV. 10/92) 210							STAFF				Page		of	Pages
	NT'S NAM	1 15001	Year -2009	/UUO I EU I / US			SSN OR EMPLOYEE NUMBER*				DEP/	ARTMENT PR		
POSITION Secretary of Volunteering and			CB/ID NO.: EXEMPT			California Volunteers					•	PCA #		
RESIDENCE ADDRESS*							1110 K Street Suite 210						TELEPHONE NUMBER 916-323-7646	
сіту Sacramento			STATE ZIP CODI			Sacramento						ZIP CODE 95814		
(1) MONTH/YEAR (3)		. ,	(4)	(5) MEALS		(6) (7)		1					(8)	(9)
Oct 2009 (2) DATE TIME		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	TYPE USED	(C) CARFARE, TOLLS, PARKING	PRIVATE CAR US		- BUSINESS	TOTAL EXPENSES FOR DAY
10/25		Sac/Orange County				\$18.00				\$86.00	18	\$9.90		\$113.90
10/26		Long Beach Orange County		\$6.00	\$9.75	\$18.00	\$6.00			\$9.00		\$0.00		\$48.75
10/27		Grango County		\$6.00			\$6.00			\$9.00		\$0.00		\$21.00
10/28	- 1315	Orange County/Sac		\$6.00			\$6.00			\$9.00	18	\$9.90		15,90 \$30.90
												\$0.00		\$0.00
	_											\$0.00		\$0.00
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							10 000					\$0.00		\$0
(10)	SUBT	OTALS		\$18.00	\$9.75	\$36.00	/2.00 \$18.00			104.00	ا \$36 ا	19.8 [)	199.55 \$214.55
COLUMNICODE (ACCTG USE ONCY)											TOTAL	J.,	79.১ ৯ ,	- - - - -
/11) DUD	DOSE OF	TDID DEMARKS AND DETAILS /Attach	opoints/voughors	whon roquire	d)					CLAIN		NOBWAI WO	DV HOURS	214 .JJ
Attended the Women's Conference.											(13) PRIVATE VEHICLE LICENSE NUMBER			
										4ybd289 (14) MILEAGE RATE CLAIMED				
										asency accountais sefice				
OFFICE OF IN ANNUAGE A MEETIDE OF											USE DALY PAID BY REVOLVING FUND CHECK NUMBER			
ALMOST TOTAL OF A CONTROL OF A											\$0.55			
THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cyst of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.														
(15) CHAMANT'S SIGNATURE OF OFFICER APPROVING TRAIL LUCY THE SIGNATURE OF OFFICER APPROVING TRAIL 10 14909 LUCY SIGNATURE OF OFFICER APPROVING TRAIL								G TRAVE	AND PA	YMENT	DATE 5	.09		
(17) SPE	CIAL EXPE	NSE AUTHORIZATION - SIGNATURE an	d TITLE (See ite	m 17 on reve	se)			(T			,	DATE	